



# Alabama Department of Senior Services

Fiscal Year 2008 Annual Report

## AGING WELL, LIVING WELL



October 1, 2007—September 30, 2008



**The Honorable Bob Riley**  
**Governor**  
**State of Alabama**



BOB RILEY  
GOVERNOR

STATE OF ALABAMA  
DEPARTMENT OF SENIOR SERVICES

RSA PLAZA SUITE 470  
770 WASHINGTON AVENUE  
P.O. BOX 301851  
MONTGOMERY, AL 36130-1851



IRENE B. COLLINS  
Commissioner

(334) 242-5743  
FAX: (334) 242-5594  
[www.alabamaageline.gov](http://www.alabamaageline.gov)

Dear Friends,

It is my privilege to present to you the Alabama Department of Senior Services Annual Report: Fiscal Year 2008. This report reflects the many services we provided statewide through our 13 Area Agencies on Aging. In 2008, we have seen the number of seniors who are eligible for our services and programs grow exponentially.

I am proud of what we have accomplished this year. During this time our focus has continued to be to promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality services, as is evident in the scope of programs we administer.

In 2009 we will have a new administration and new leadership at the Administration on Aging to work with and I am confident that our programs will continue to thrive. I am honored to have the opportunity to serve our state by working with what I consider to be the greatest resource we have – the seniors of Alabama. And I am looking forward to another successful year.

Sincerely,

Irene B. Collins





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## **STATE OF ALABAMA DEPARTMENT OF SENIOR SERVICES**

### **Our Mission**

To promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality services.

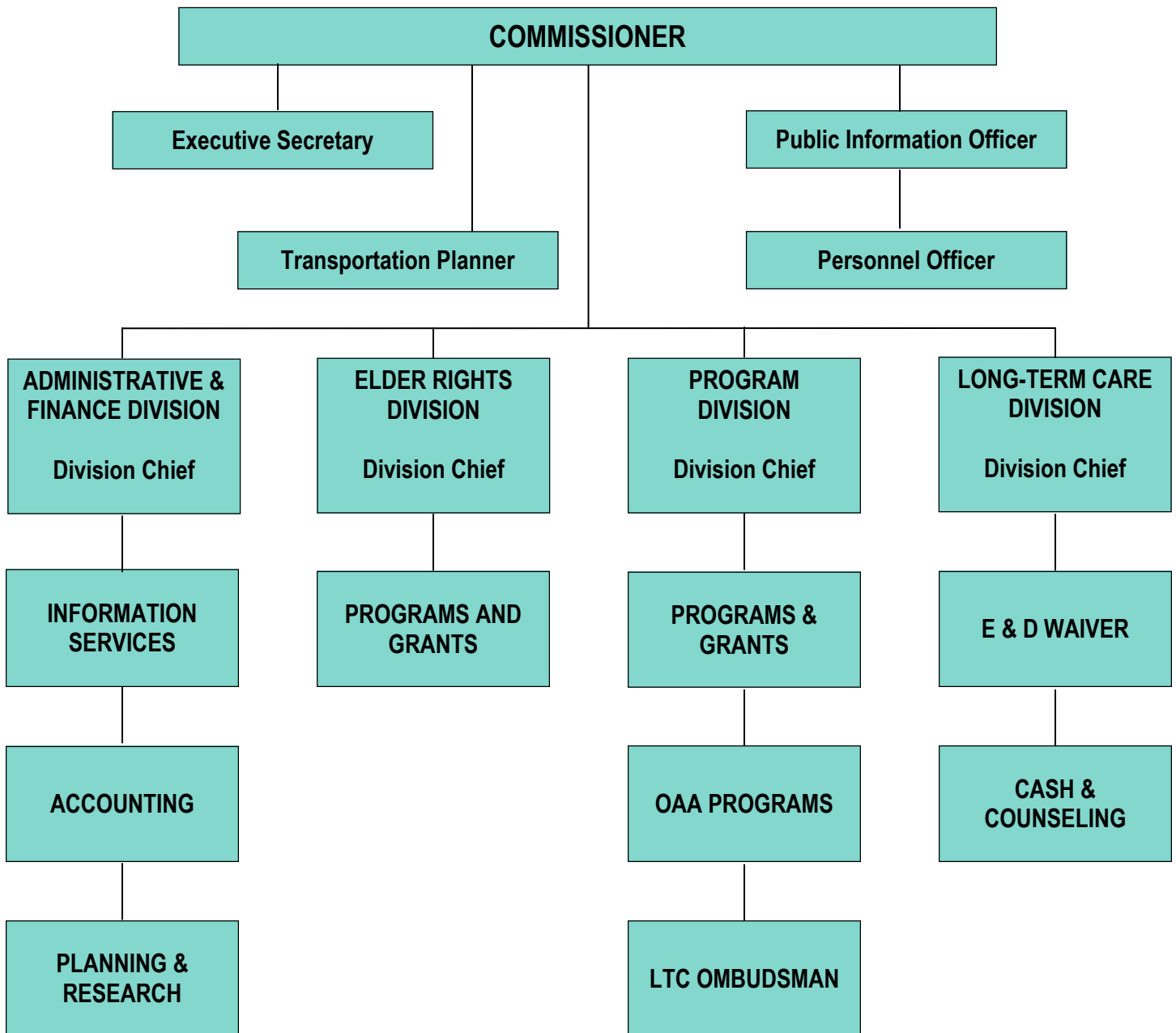
### **Our Vision**

To help society and state government prepare for the changing aging demographics through effective leadership, advocacy, and stewardship.

### **Our Values**

- The worth, dignity, and rights of older persons;
- The independence and self-determination of older persons;
- Alabama Department of Senior Services' staff and their contributions in achieving our mission;
- Efficient and effective management and utilization of resources; and
- Public support and input.

# ADSS ORGANIZATIONAL CHART





# ADSS BOARD OF DIRECTORS

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The Alabama Department of Senior Services (ADSS) has an Advisory Board that functions in accordance with the requirements of Section 38-3-2 of the Code of Alabama, 1975. This Board is composed of the following types of members:

- Two members of the State Senate appointed by the President of the Senate,
- Two members of the House of Representatives appointed by the Speaker of the House of Representatives, and
- Nine members who are appointed by the Governor and represent the following groups:
  - ◇ One must be a representative of business,
  - ◇ One must be a representative of labor,
  - ◇ One must be a representative of the medical profession,
  - ◇ Three must be representatives of senior citizen organizations, and
  - ◇ Three must be responsible citizens of the state, and no two of which may be of the same religious faith.
- The Alabama State Health Officer, the Director of the Alabama Department of Labor, and the Commissioner of the Alabama Department of Human Resources are *ex officio* members of the Board.

## 2007-2011 BOARD OF DIRECTORS

### Members of the ADSS Board of Directors

Thomas Ray Edwards, Board Chairman (Valley)  
Dr. James M. Abrams (Birmingham)  
Robert Green (Northport)  
Dr. Rick McBride (Montgomery)  
Dr. Horace Patterson (Talladega)  
Rhondel Rhone (Grove Hill)  
Jimmy Ray Smith, Jr. (Decatur)  
Ellen Staner (Hoover)  
Ray Warren (Montgomery)

### Legislative Appointees

Alabama Senate:

The Honorable Lowell Barron  
The Honorable Roger Bedford

Alabama House of Representatives:

The Honorable Alan Harper  
The Honorable Jamie N. Ison

### Ex Officio Members

Director Jim Bennett

Alabama Department of Labor

Commissioner Nancy Buckner

Alabama Department of Human Resources

Dr. Don Williamson

Alabama Department of Public Health



# WHAT WE DO MAKES A DIFFERENCE

**“It is because of your work and your support that I stand here today with the proud realization that our modernization strategy, our agenda for long-term care, has been fully embedded into the Older Americans Act, and that the Act now authorizes all levels of the network to actively develop consumer-driven systems of home and community-based long term care. In carrying out this charge, the Act specifically encourages the Network to promote the use of ADRCs, Evidence-Based Prevention, and Nursing Home Diversion.**

**“We should be looking at the total amount of funding that is going to long-term care in this country, and link our investments to the cost savings that can be achieved from solutions that we in the Aging Network are uniquely positioned to offer.”**

**- Josefina Carbonell  
Assistant Secretary for Aging  
Administration on Aging  
(2008 Annual Conference of the  
National Council on Aging and the  
American Society on Aging,  
March 2008)**



Americans traditionally believe in the inherent dignity of the individual. In keeping with this concept, the older people of our state are entitled to equal opportunity. They should have adequate income and retirement, suitable housing, employment without discrimination and community services as well as freedom and independence in planning for themselves.

ADSS is the state agency responsible for coordinating state and federal programs serving senior citizens. Since its inception, ADSS (formerly the Alabama Commission on Aging) is best known for its Elderly Nutrition Program; however, ADSS does much more.

## WHOM WE SERVE

Our traditional focus is on the 876,000+ Alabamians who are 60 and older; however, others who are eligible for the Department's programs and services include:

- Caregivers of older people;
- Caregivers of people of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction;
- Grandparents or older individuals who are relative caregivers of children not more than 18 years of age or people of any age with a disability;
- People of any age who are residents of a long-term care (LTC) facility;
- People of any age with disabilities who qualify for the Medicaid Waiver for the Elderly and Disabled Program;
- Unemployed people 55 or older who live at or below 125% of the federal poverty level (FPL); and

- Individuals 55 or older or deemed disabled by Social Security and in 24-month gap for Medicare with income 200% below poverty level and no prescription drug coverage.

Today's seniors are those who lived through the Great Depression, the sacrifices of war, and the social changes brought about by the civil rights movement. According to U.S. Census Bureau's 2007 estimates, Alabama is home to 876,000+ people ages 60 and over and more than 82,000 people ages 85 and older. Life expectancy has grown from 59.9 in 1941 to 77.8 in 2005. There are 897 individuals who are 100 years old or older.

Fifty-eight percent of Alabama's age 60+ population is female. Eighty percent of age 60+ individuals reported their race as white. Approximately 46% of Alabamians age 60+ have at least one disability. This information and the data below come from the 2000 Census Data or the State Plan on Aging, unless otherwise denoted.

## **EDUCATION AND EMPLOYMENT**

Fifty-eight percent of Alabamians age 60 years and older are high school graduates and approximately 13% have received at least a bachelor's degree. Sixty-nine percent of below poverty Alabamians age 60 and over do not have a high school diploma. In Alabama, 39% of persons ages 60 to 64 are employed in the civilian workforce while the employment rates of persons ages 65 to 74 and persons age 75+ are 16.3% and 4.8%, respectively.

## **HEALTH**

Senior citizens are living longer and with more resources than their parents, and the growth of that quality of life is expected to continue to increase as the baby boomer generation joins the senior population. Yet, half of the nation's seniors live with at least two chronic health conditions and more than 80% suffer from at least one chronic condition. According to ADPH, almost 1 in 10 Alabamians has been diagnosed with diabetes. Alabama ranks among the top states in the nation for the prevalence of diabetes, the sixth leading cause of death in the state. Of those who have diabetes, more than 50% are age 60 or older. Diabetes also directly contributes to the incidence

**"Today, more than ever, people are living longer, healthier, more active lives. In the next 20 years, the number of Alabamians who are 60 and older is expected to increase to 55 percent. Their sheer number means they will face even more challenges in health care, finances, long-term care, even employment.**

**"Anticipating the future requires understanding the interrelationships of a state's economy and the state's population. I have watched this agency grow at an amazing pace. I am proud of what we've accomplished."**

**- Commissioner Irene Collins,  
Alabama Department of Senior Services**

of heart disease and stroke, which are also leading causes of death in the state. Diabetes is the primary cause of kidney failure, nontrauma-related limb amputations, and adult-onset blindness.

Senior citizens who are 85 years of age and older not only represent the fastest growing segment of the population, they also present special needs. Often referred to as the oldest-old, the U.S. Census Bureau projects that the age 85+ population could grow from 4.2 million in 2000 to 21 million by 2050.

## **HOUSING STATUS**

Among Alabamians ages 60 and over, 68% reside in family households while 32% either live alone or in an institutional setting.

As a general rule, older Alabamians live in single-family dwellings. Eighty percent of Alabamians age 65 years and over own their homes and, typically, those who own their homes or who live in owner-occupied housing fare much better economically than those who rent. Most owner-occupied households with a person age 60 years and over have less than a 10% maintenance cost compared to similar renter-occupied households who commit more than 50% of income to rent.

## **LONG-TERM CARE**

There are 27,688 licensed nursing facility beds in Alabama, according to statistics provided by ADPH. Less than 5% of older Alabamians reside in nursing homes or other institutions.

## **INCOME**

It is estimated that over 14% of Alabamians age 60 years and older live below the poverty level; the national average is about 9.9%. Thirty-seven percent of Alabamians age 60+ are considered low income because they live at or below 200% of the federal poverty level. According to the 2000 Census, the median income for Alabamians age 75+ is \$17,729.

## **RURAL LIVING**

Rural areas generally have a higher proportion of older persons in their total population than do urban areas. The rural seniors have higher poverty rates and poorer health than those in urban areas implying a greater need for services and resources.

## **TRANSPORTATION**

The cost of transportation for seniors is often excessive, prohibiting access to needed services. According to a report to the Alabama Legislature by the Advisory Committee to Study Mass Transit and Paratransit Needs in Urban and Rural Areas, approximately 281,000 senior citizens in Alabama cannot drive or afford a car and are, thus, “transportation disadvantaged.”

## **WHAT WE DO**

ADSS is a cabinet-level state agency with approximately 44 employees. As a planning, development, and advocacy agency for the aging, the employees include program specialists, administrators, attorneys, information technology specialists, accountants, auditors, nurses, nutritionists, etc., as well as clerical support personnel. We administer statewide aging programs through nine regional planning commissions, 13 Area Agencies on Aging (AAAs), and over 2,000 direct service providers and volunteers. Each AAA provides comprehensive services through contracts and grants for the following purposes:

- To secure and maintain the independence and dignity of older individuals;
- To remove social and individual barriers to older individuals;
- To assure the provision of a continuum of care for older individuals; and
- To develop comprehensive, coordinated systems for older individuals.

Another primary responsibility of the Department is to advocate on behalf of our constituents. At no other time in the history of the Older Americans Act (OAA) has the importance of aging services

been so critical. The leading edge of the baby boomers began turning 60 in 2006; and for the next three to four decades, the 60+ population will be twice the size it is today.

The AAAs provide services through the more than 360 senior centers across the state. Transportation is provided in many areas to take seniors to and from the centers. In-home services such as minor repairs, homemaker, chores, and personal care are also provided through the AAA service delivery system.

## FUTURE OF AGING SERVICES

The entire face of aging is changing. Not only are the attitudes and expectations of the baby boomer generation very different from their parents' generation who survived the Great Depression and World War II, but the sheer number of baby boomers aging into their senior years will warrant substantial changes. Currently, the Medicare system is going through significant changes. In addition, many expect drastic changes to Social Security in the future.

The National Association of State Units on Aging and the National Association of Area Agencies on Aging have developed a coordinated national LTC strategy called Project 2020 that will generate savings in Medicaid and Medicare at the federal and state levels while enabling older adults and individuals with disabilities to get the support they need to successfully age where they want to – in their own home and community. The strategy, which has evolved from LTC initiatives of the U.S. Administration on Aging (AoA), the Centers for Medicare and Medicaid Services (CMS), HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE) and others, was incorporated into the reauthorized OAA in 2006. Project 2020 is a comprehensive, integrated approach to enabling older people and individuals with disabilities to make their own decisions, to take steps to manage their own health risks, and to receive the care they choose in order to remain in their own homes and communities for as long as possible, avoiding unnecessary and unwanted institutionalization. The key elements of Project 2020 include: (a) person-centered access to information, (b)

evidence-based disease prevention and health promotion, and (c) enhanced nursing home diversion services.

The OAA embodies our nation's commitment to ensure the dignity and independence of our older citizens by promoting older Americans' full participation in society, and supporting their overwhelming desire to remain living in their own homes and communities for as long as possible. The 2006 amendments to the OAA strengthened this commitment by providing flexibility to states to customize programs to meet the needs of their citizens, and simplifying implementation requirements. The Amendments modernized community-based LTC systems to empower consumers to manage their own care and make choices that will allow them to avoid institutional care and live healthy lives in the community. Specific provisions include but are not limited to:

- Enhanced federal, state, and local coordination of LTC services provided in home and community-based settings;
- Support for state and community planning to address the LTC needs of the baby boomer generation;
- Greater focus on prevention and treatment of mental disorders;
- Outreach and service to a broader universe of family caregivers under the National Family Caregiver Support Program;
- Increase focus on civic engagement and volunteerism; and
- Enhanced coordination of programs that protect elders from abuse, neglect, and exploitation.





# ADSS PROGRAMS AND SERVICES

## AGING AND DISABILITY RESOURCE CENTERS

Aging and Disability Resource Centers (ADRCs) provide a consumer-directed single point of entry into the continuum of care and social services system offering a statewide database of organizations that provide services to older adults, individuals with disabilities, and their family members.



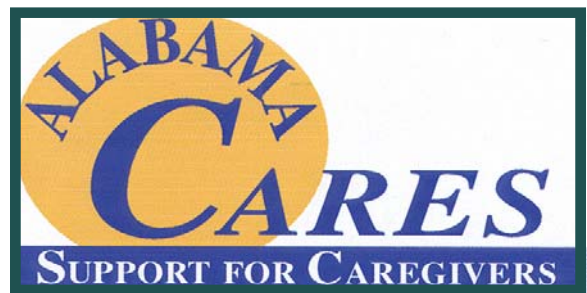
Alabama was among the Fiscal Year 2005 grantee states to receive funding for development of ADRCs. In Fiscal Year 2006, ADSS identified two of its 13 AAAs to begin serving as pilots for the development of the ADRCs. Ten counties were under the pilot operating in the East Alabama Regional Planning and Development Commission region and six counties were under the pilot in the South Central Alabama Development Commission region. Effective Oct. 1, 2006, the two pilot ADRCs began serving and empowering clients and their caregivers with options in making informed choices about services and LTC options.

In Fiscal Year 2008, all AAAs received funding to create a marketing campaign to educate consumers and resource providers statewide about the single point of entry concept and how to access the virtual ADRC via the web. Billboards across the state

drove individuals to the Resource Centers. Since the doors opened two years ago, the two resource centers have served approximately 10,000 seniors and persons with disabilities and there have been over 819,000 visits to the virtual ADRC, [www.AlabamaConnect.gov](http://www.AlabamaConnect.gov). Although the grant ended September 30, 2008, ADRCs continue to help individuals make informed choices through a single point of entry, streamlining the eligibility process and providing better management of resources. As a result of the pilot's success, ADSS added an additional AAA region to serve as an ADRC and is in the process of transitioning all of the 13 AAAs into fully functioning ADRCs.

## ALABAMA CARES

Nationally an estimated 50 million caregivers provide unpaid assistance and support to older people and adults with disabilities who live at home rather than in a long-term care facility. Caregivers save the government billions of dollars each year, and the value of this unpaid labor force is estimated to be at least \$306 billion annually. This figure is nearly double the combined cost of government payments for home health care which is \$43 billion and nursing home care which is \$115 billion.



The Alabama CARES Program established in the OAA amendments of 2000, serves caregivers in five basic areas providing information, assistance, individual counseling, respite, and supplemental services. The program reaches the needs of Alabama's senior citizens in the following ways:

- Information provides public education, caregiver and provider training, health fairs, newsletters, brochures, and audio visual/written caregiver information.
- Assistance provides outreach, case management, assessment, and information regarding resources and services.
- Counseling provides support groups and trainings to assist and advise in areas of health, nutrition, financial literacy, and the role of caregiving.
- Respite is temporary, substitute support of the care recipient to provide a brief period of relief/rest to the caregiver, help with personal care, homemaker services, adult day care, and skilled or unskilled services in the home.
- Supplemental Services are provided on a limited basis and include incontinence supplies, minor home modifications, assistive technology, home-delivered meals, emergency alarm response systems, nutritional supplements, chore services, and transportation.

The eligibility criteria for the Caregiver Program are as follows: (1) a caregiver for an older person of at least 60 years of age; (2) a grandparent or relative caregiver for a child 18 years of age or younger; (3) a grandparent age 55 or older providing care for a child with a severe disability of any age; (4) priority is given to those with the greatest social and economic need (particularly those with low-income, minority individuals), and older individuals age 60 and over providing care and support to persons with Alzheimer's disease or other forms of dementia, and related disorders; (5) caregivers providing for those living in rural areas; and (6) caregivers and care recipients with critical health needs.

The Alabama Cares Program through the aging network served the needs of 3,232 caregivers in thirteen AAAs across the state in 2008. 112,546 units of service were reported in Caregiver Assistance, 29,676 units reported in Caregiver Counseling, 167,535 hours reported in Caregiver Respite, and 17,352 units reported in Caregiver Supplemental Services.

ADSS applied for an Alzheimer's Disease Demonstration Grant with AoA and was awarded the \$330,050 grant beginning October 2008. The goal is to identify consumers of early onset Alzheimer's disease and related disorders (ADRD), to provide education on LTC choices including services to remain in their homes, and to provide education to caregivers of ADRD. The grant was awarded to West Alabama Regional Commission (WARC) and objectives will be accomplished through a collaborative effort between ADSS, the Alabama Department of Mental Health and Mental Retardation, the University of Alabama, and other progressive community groups concentrating on the dynamics of ADRD.

### **REACH EDUCATION PROJECT**

Through the Alabama REACH Intervention Project, ADSS has been able to reach out to an underserved and critical population: caregivers. By implementing care teams and Virtual Dementia Tour training across the state, ADSS has filled a void in the aging network. To date, more than 1,500 caregivers in Alabama have experienced the Virtual Dementia Tour. ADSS continues to provide and educate communities and caregivers by focusing on outreach beyond REACH.



The REACH Intervention Pilot Program consisted of four pilot areas and two goals: (1) To develop and expand affordable, accessible, and culturally appropriate evidence-based service innovations to support people with Alzheimer's disease and their family caregivers, and (2) to advance

improvements in Alabama's overall system of care for persons with Alzheimer's disease and improve integration of the preferences and needs of people with Alzheimer's disease and their family caregivers into Alabama's LTC system, as well as home and community-based services.



## ALABAMA SENIOR CITIZENS HALL OF FAME

The Alabama Senior Citizens Hall of Fame was created in 1983 by the Alabama Legislature to honor living Alabama citizens who have made significant contributions toward enhancing the lives of Alabama's elderly citizens. The Alabama Senior Citizens Hall of Fame recognizes honorees in the following categories:

- Class Members: Persons who are nominated, voted for, and become members of the Hall of Fame;
- Special Awards: Professionals and individuals who are nominated in nine categories, voted for, and honored in specific categories as befitting their contributions affecting older adults in Alabama;
- Honorary Members: Persons who are nominated and honored as honorary members; and
- In Memory Of: Persons honored in memoriam for their contributions in life to the elderly population.

An induction ceremony is held each year to honor new members of the Alabama Senior Citizens Hall of Fame. During the ceremony, the permanent class members are presented with a Golden Eagle Medal of Honor pin and are encouraged to wear it as a reminder of concerns, interests, and actions needed on behalf of older adults and less fortunate citizens. In Fiscal Year 2008, ten permanent members and six special award recipients were inducted to the Hall of Fame.

## ALABAMA SENIOR MEDICARE PATROL (SMP)

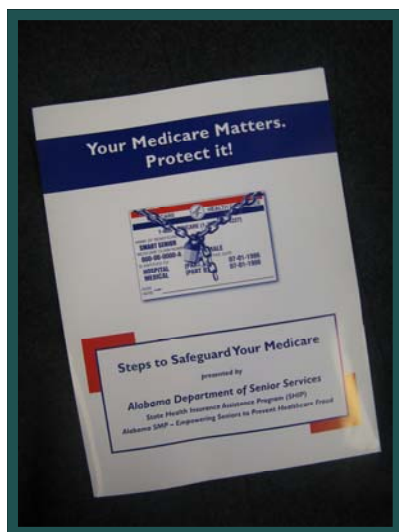
Alabama SMP has made tremendous strides to educate Medicare beneficiaries and providers to protect, detect, and report healthcare fraud, waste, and abuse, working closely with SHIP, other state agencies, and law enforcement. Alabama SMP has received national recognition for the Medicare Protection Toolkit, which was developed in 2007. The toolkit, which contains steps for seniors to follow to safeguard their Medicare as well as questions to ask when comparing new plans, was chosen by AoA as a Best Practices Model for other states to use. Also, the U.S. Hispanic Council on Aging has made the entire toolkit available in the Spanish language. To date, 20 states, including Puerto Rico, have requested the toolkit for replication.



In conjunction with several new state and local partners, SMP continues to disseminate the toolkit in the highly underserved areas of the state and to the most isolated beneficiaries who can be the most preyed upon individuals from healthcare scams. By the end of FY 2008, over 70,000 toolkits had been made available to beneficiaries for their use in comparing Medicare Advantage and Part D plans.



The toolkit is also available on the ADSS website. Available to Medicare beneficiaries, SMP spent the majority of FY 2008 strategically planning how to expand and strengthen collaborative efforts to reach more Medicare beneficiaries.



Through the ADSS website, a web page has been developed to provide information on how seniors can protect themselves against Medicare fraud, how to look for and detect Medicare fraud and errors, and what information is needed when reporting the suspected fraud or errors.

The newly devised SMART FACTS system has been implemented to report the program's client contact activities. Local coordinators, staff, and volunteers have worked diligently to learn the new system and received the appropriate manuals and training to utilize the system efficiently and effectively for reporting purposes.



## ALABAMA SENIORx

The Alabama SenioRx: Partnership for Medication Access program provides assistance for senior citizens with chronic medical conditions who have no prescription insurance coverage and limited financial means to apply for drug assistance programs provided by pharmaceutical manufacturers.

The Alabama SenioRx Program has saved seniors \$163.2 million in drug expenses since its inception by submitting 506,310 prescriptions to drug companies on behalf of 34,485 senior citizens.

In Fiscal Year 2008, ADSS partnered with the State Department of Education's Alabama Disabilities Determination Office and the Social Security Administration Office to provide disabled persons of any age living below 200% of the poverty level, in the 24-month waiting period for Medicare benefits, assistance with applying for drug assistance programs provided by pharmaceutical manufacturers. The vision for this initiative is to promote the independence and dignity of those we serve through a comprehensive, coordinated system of quality services that address the disabled community's physical, social, spiritual, and emotional development.

To qualify for free prescription drugs through SenioRx, individuals must be at least 55 years of age with chronic medical conditions, be deemed disabled by Social Security and in the 24-month waiting period, have no prescription drug coverage, be a legal resident of the state of Alabama, and their annual household income must be less than \$20,800 for one person and less than \$28,000 for two people.

## ALABAMA WELLNESS PROGRAM

The Alabama Wellness Program is open to all Alabamians age 55 and over regardless of income. In Fiscal Year 2008, the Alabama Wellness Program in collaboration with the Alabama Department of Public Health (ADPH) served 6,278 seniors. The Alabama Wellness Program targets low-income seniors age 55 and over diagnosed with chronic diseases and aims for a reduction in

**“We want to help our elders and their children or caregivers to know that there are ways to ensure older adults can live better and longer. It’s important that people can live healthy and independent lives without fear of falling. To help, CDC has developed several new guides and resources that describe the best ways to reduce the risk of falls. We believe this will help older adults remain self-sufficient, longer.”**

**- Dr. Ileana Arias,  
Director of the National Center for  
Injury Prevention and Control,  
Centers for Disease Control and Prevention**

**(excerpt from press release  
regarding new CDC study  
underscoring impact of  
older adult falls, Mar. 6, 2008)**

risk factors for chronic diseases and disabilities among the senior population.

People’s lives are complex and solutions to any challenges are rarely delivered by a single answer. Whole-person wellness programs are founded around the six dimensions of wellness – emotional, intellectual, physical, social, spiritual, and vocational health – along with personal wellness concepts that include self-responsibility, optimism, a self-directed approach, self-efficacy, and personal choice. These programs are proving to be an effective way to promote successful aging.



Physical activity is part of a healthy lifestyle at any age. For older adults, benefits of exercising regularly are multifold. Studies have demonstrated that exercise can improve heart and lung functioning, aid in weight control, and help maintain muscle mass, bone density, flexibility, and balance. Studies link daily walking with improved mental functioning. ADSS in partnership with the AAAs and ADPH encourages older adults in the state to become more physically active through exercise classes available to seniors at many senior centers. In addition, many centers have purchased exercise bikes and treadmills for participants to utilize.

As an extension of the whole person wellness trend, prevention efforts are in high demand. People of any age tend to be healthier, feel better, and maintain their mobility and independence longer when they exercise regularly and eat properly. This is especially true if one wants to prevent, delay, or manage heart disease, certain types of cancer, diabetes, obesity, anxiety, depression, arthritis, and osteoporosis. Poor health is not an inevitable part of aging. Even small changes in one’s life can make a difference.

## CONSTITUENT SERVICES

The primary goal of Constituent Services is to properly direct constituents who contact ADSS regarding services for seniors to the appropriate person and/or agency best suited to assist them with their needs and concerns.

While most constituents contact ADSS directly by phone or letter, some are referred by the Governor's Office or other state agencies. During Fiscal Year 2008, Constituent Services responded to over 500 constituent letters and phone calls.

The five most common reasons constituents contacted ADSS in 2008 were:

- Financial Assistance
- Home Repairs
- Prescription Medication Assistance
- Nutrition Services
- Caregiver Assistance

## DISASTER ASSISTANCE

During FY 2008, ADSS expended the last of the funding dollars received from the Hurricane Fund for the Elderly and approved grants with the Family Guidance Center in Montgomery and the Mobile County Commission. The Family Guidance Center used the funds to assist families that had been displaced by Hurricane Katrina through housing and transportation expenses. The Mobile County Commission leveraged the dollars against other funding to maximize the benefit to older people. Some examples of this are in the form of building raised platforms, lifts, ramps, and power pole replacement.

Only minimally impacted by the 2008 Hurricane Season, Alabama's citizens did not escape the forces of Mother Nature as the State was continually assaulted by numerous tornadoes during the first quarter of the year. As a deterrent to disasters, ADSS continues to promote preparedness as the greatest defense toward survival. Safe centers continue to be built, and the aging network has expanded its efforts to educate the older population and family caregivers to be ready for any disaster.

**"This Safe Center concept was developed after we saw the devastating effects of hurricanes and tornadoes on the elderly in our state. After the storms, many of our seniors did not have a safe place to go to regain a sense of normalcy. This Safe Center will provide the area's seniors not only with a place to go for their daily needs, but also lets them know they have somewhere to turn in the case of emergency."**

**- Governor Bob Riley**

**(at opening of Safe Center,  
Guin, Ala.,  
Apr. 21, 2008)**





The Safe Center concept was developed by ADSS in partnership with AoA, the Alabama Department of Economic and Community Affairs, and the Alabama EMA. Safe centers operate as senior centers and provide specially-designed, safe, and immediate shelters for vulnerable and at-risk seniors in the event of a disaster. Fiscal Year 2008 Community Development Block Grant applications showed a marked increase in senior centers seeking inclusion of a Safe Center or at least a safe room. Alabama officially opened the nation's first Safe Center in Guin, Ala. on Apr. 21, 2008. A new senior center in Eclectic, Ala. has subsequently opened with a safe room. The new Grove Hill Senior Center also opened in Fiscal Year 2008.



ADSS also experienced its first venture working with State EMA on Emergency Management Assistance Compacts through its support of the Louisiana State Unit on Aging during Hurricanes Gustav and Ike. ADSS was asked by AoA to supply two teams of eight people to work the Disaster Recovery Centers in Louisiana. The teams were deployed for a period of eight days each.

## **ENGAGING AGING - SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

The Senior Community Service Employment Program (SCSEP) is authorized under Title V of the OAA and is funded by the U.S. Department of Labor. It is the only federally funded employment program for low-income persons age 55 or older.

The SCSEP program is a community service and work-based training program for mature workers. The program has two purposes: (1) Provide useful community services, and (2) foster individual economic self-sufficiency through training and placement into unsubsidized jobs.

For Fiscal Year 2008, the SCSEP program had several outstanding accomplishments, including exceeding Department of Labor goals: placement (131%), retention (138%), and service level (101%).

### **Criteria for Eligibility**

- Age 55 or older;
- Total countable income less than 125% of Federal Poverty Level (based on family size); and
- Unemployed at time of application.

For the first time, ADSS is represented on the State Workforce Planning Council. Alabama continues to enjoy record low unemployment, making it all the more important for employers to recruit and retain valuable staff members. ADSS believes senior citizens who want to continue their careers or return to work can fill vital roles in today's workforce.



In Fiscal Year 2008, ADSS also took a leadership role in forming the Alabama Mature Worker Task Force. This task force is a partnership of various state and non-profit agencies created in cooperation with the National Governors Association Center for Best Practices to promote the civic engagement of seniors in volunteering and employment.

## LEGAL ASSISTANCE

The Legal Assistance Program provides a statewide system of legal professionals assisting older adults when personal legal problems arise. Attorneys provide advice and counseling, legal representation, legal research, preparation of legal documents, negotiation, legal education, and community outreach to Alabamians. Legal Assistance works on non-fee-generating cases to protect and secure the rights, benefits, and dignity of older persons. The program is available to persons 60 years of age and older.

Legal problems facing Alabama's seniors are often more critical than those problems facing any other segment of our population. Older people in poverty are less likely to seek the assistance of an attorney. Often, it is either because they do not have cash resources to pay for the services or they do not realize they have a "legal problem." Additionally, the overall educational level of many seniors is low, especially in older age groups, making it difficult for them to comprehend letters regarding benefits termination or changes and outlining their due process rights to appeal.

Priority is given to older individuals with the greatest social and economic need, low-income minority older individuals, older individuals who live in rural areas, and older individuals who are Native Americans. Priority issues include such areas as health care, public benefits, income, nutrition, abuse, housing, autonomy/independence, fraud, and consumer issues.



The top services provided by the Legal Assistance Program in Fiscal Year 2008 were:

- Powers of Attorney
- Wills/Estates
- Medicaid/Nursing Home
- Health Directives
- Ownership/Real Property
- Collection

More than 16,000 units of service were provided by Alabama's Legal Assistance Program attorneys with close to 13,000 legal issues being addressed.

The statewide toll-free Elder Law Helpline has continued to be effective in enhancing the existing legal assistance network. Over 98% of the clients served were classified as impoverished. Approximately 43% of the clients served were a minority and 72% of the clients served were female. The top issues addressed included collection, wills/estates, ownership/real property, and bankruptcy/debtor relief.

A volunteer and internship program was established for students in the AUM Paralegal Studies Department to participate on the Elder Law Helpline. A call script and volunteer training manual have been developed for use by the volunteers.

The Alabama Senior Legal Assistance Program brochure was produced to serve as an introduction into the legal assistance network and provides information regarding the different types of legal assistance an older individual can expect as well as contact information for local legal providers and the Elder Law Helpline. Additionally, the Elder Rights Guide for Older Alabamians was established, which addresses various topics relating to senior citizens such as Medicare, Long-Term Care, Social Security, and Estate Planning.

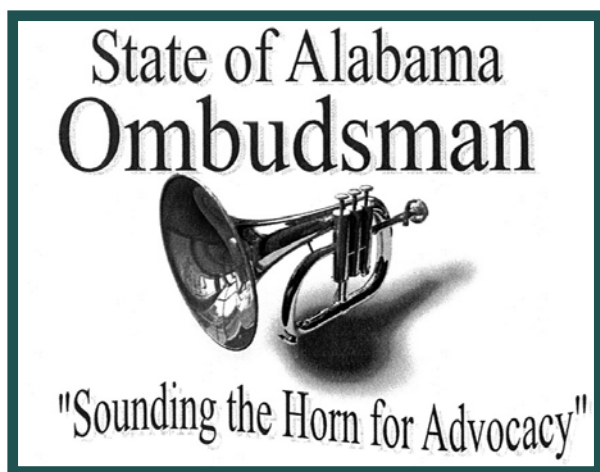
A Legal Assistance Provider customer satisfaction survey has been developed. This confidential survey will be provided to clients of the legal assistance program so they can evaluate the services they received. In addition, development of the new legal service provider standards for the state has been completed. The new guidelines were effective Jan. 1, 2008.

## LONG-TERM CARE OMBUDSMAN

The Long-Term Care Ombudsman Program is authorized by Chapter VII, Section 712 of the Older Americans' Act of 1965, as amended and Alabama Law Act No. 85-657 to identify, investigate, and resolve complaints made by and on behalf of residents residing in LTC facilities. These laws promote community involvement in LTC and establish a process to resolve problems or complaints.

Each of the 13 AAAs in Alabama contracts for ombudsman services, providing a full-time ombudsman who has been trained and certified by the State Ombudsman.

The Ombudsman program provides services to protect individuals residing within nursing facilities, assisted living facilities, and specialty care facilities. In Jefferson County, Ombudsmen are advocates for persons residing in Boarding Homes. Of the 1,425 complaints filed in Fiscal Year 2008, 1,079 were resolved.



Based on the OAA, the State Ombudsman has the responsibility to:

- Identify, investigate, and resolve complaints that are made by, or on behalf of, residents of LTC facilities;
- Provide services to assist residents in protecting their health, safety, welfare, and rights;
- Inform residents about means of obtaining services;

- Ensure that residents have regular and timely access to services;
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect their health, welfare, safety, and rights;
- Analyze, comment on, and monitor the development and implementation of federal, state, and local laws, and recommend any changes in such laws;
- Assure the public's ability to comment on laws affecting residents of LTC facilities; and
- Provide for training representatives of the State Ombudsman to carry out other activities as the state and AoA determine to be appropriate.

In Fiscal Year 2008, the Ombudsman Program:

- Held a joint LTC conference in February 2008, with the legal developer on advance directives, LTC planning, Medicaid eligibility requirements, powers of attorney, health care proxies, elder abuse, and other LTC issues. The training was attended by local ombudsmen and legal providers.
- Collaborated with Alabama Quality Assurance Foundation, Alabama Nursing Home Association, and ADPH on addressing staff retention in nursing homes and the reduction of pressure ulcers. Local ombudsmen were all trained on pressure ulcers.
- Analyzed the statewide ombudsman database reporting system to identify and target problem areas specific to the local region.
- Provided certification training for local ombudsmen.

## MEDICAID WAIVER FOR THE ELDERLY AND DISABLED

The Medicaid Waiver for the Elderly and Disabled (E&D Waiver) Program is designed to provide services to seniors and the disabled whose needs would otherwise require them to live in a nursing home. Our goal is for clients to retain their independence by providing services that allow



them to live safely in their own homes and communities they love for as long as it is appropriate.

Case managers work with clients to develop a plan of care based on the clients' medical needs. Depending upon their plan of care, individuals in this program may receive personal care, homemaker, respite, adult day health, companion services, or home-delivered frozen meals.

The Alabama Medicaid Agency was awarded a \$7.6 million federal "Together for Quality" system transformation grant to change the state's claims and process-oriented system into one that is coordinated, patient-centered, and cost-efficient. ADSS is one of many partners in this effort to create a statewide electronic health information system that links Alabama Medicaid agencies, state health agencies, providers, and private payers while establishing a comprehensive, quality improvement model for the Alabama Medicaid program. ADSS is a member of the project's Stakeholder Council which develops policies addressing governance, technology, process, data management, privacy, security, and other legal matters. ADSS is also partnering with Alabama Medicaid to develop an interoperability between both systems, which will allow flow of information that will improve quality of care and program management.

### Program Highlights

- The E&D Waiver program currently serves approximately 4,780 clients each year, all of whom are nursing home eligible under Medicaid.
- E&D Waiver costs the state 17% of what nursing home placement would cost for the same number of clients. For example, the average monthly cost per client in Fiscal Year 2008 was \$4,851 per nursing home client compared to \$827 per E&D Waiver client.
- Had the 4,780 E&D Waiver clients been in nursing homes in Fiscal Year 2008, it would have cost the state approximately **\$231 million** more than it cost for the same clients to be served by the E&D Waiver program.

### Data

- E&D Waiver promotes independence, choice, and control.
- Housing and LTC are critical issues, particularly as the baby boomers age.
- Approximately 80% of care is provided in the home; roughly 80% of LTC dollars are spent on nursing home care.

### PERSONAL CHOICES

The Personal Choices program is Alabama's option for self-directed home and community-based services and is based on a national model of self-direction called the Cash and Counseling program. It is designed to offer seniors and people with disabilities more choice and flexibility in the type of care they receive. Personal Choices fosters independence as participants have greater control over their finances and decisions directly related to their care.



This program is administered by the Alabama Medicaid Agency and is operated by ADSS. The groundwork for this program began in 2005 under the 1915(j) section of the Deficit Reduction Act of 2005. ADSS worked diligently from 2005 to 2007 to obtain approval for the program from CMS. Alabama became the first state to implement this program. The State Plan Amendment authorizing Personal Choices was approved by CMS for implementation on Aug. 1, 2007. Currently the program is available in a seven-county pilot area served by the West Alabama Regional Commission Area Agency on Aging.



The program has been in operation for a year now and appears successful. Clients enrolled in the program have been able to use their budgets to get the personal care they need and also save for other items that improve their health. Examples of items purchased with client savings include an air conditioner, ceiling fan with remote control, lift chair, and a generator.

To be eligible for Personal Choices, the participant must currently be enrolled in either the E&D or State of Alabama Independent Living (SAIL) Waiver and meet both the medical and financial requirements for those waivers. Approximately 700 persons in the seven-county pilot area could be eligible for the program.

One client indicated, “With Personal Choices, I’m able to stretch the budget amount and have more hours. I can set the hours when I need them at certain times really means a lot [sic]. When I have appointments, I can change the schedule to be more flexible to meet my needs. Being able to have back-up employees has been very helpful. I have been very pleased with Personal Choices and the workers seem happy also.”

## **NUTRITION: CONGREGATE AND HOME-DELIVERED MEALS**

One of the most successful community-based programs for seniors in America is Alabama’s OAA Elderly Nutrition Program. Through strong state and local partnerships with AAAs, tribal organizations, nutrition service providers, thousands of dedicated volunteers, caregivers, and the private sector, the program provides more than four million congregate meals in senior centers and home-delivered meals to thousands of seniors every year.

ADSS entered into a new contract on behalf of the AAAs and ADPH with Valley Services to prepare all of Alabama’s meals for the Elderly Nutrition Program. This contract will run from Fiscal Year 2009 to 2013. Valley Services will provide hot, frozen, breakfast, shelf stable, picnic, and Medical Nutrition Therapy Meal Replacement meals to all of the senior centers as well as door-to-door delivery of frozen meals.

## **ELDERLY NUTRITION PROGRAM**

- **Meals must conform to nutrient planning standards**
- **Individuals may not be means tested to receive meal service**
- **Meals must be served to eligible individuals**
- ◊ **Age 60 and over**
- ◊ **Spouses of individuals age 60+**
- ◊ **Persons under age 60 residing in housing facilities primarily occupied by older individuals or homes of clients age 60 and over**
- ◊ **Individuals who have a handicap or disability in a public housing authority where the program is served.**

### **Homebound criteria:**

- ◊ **Age 60 or older**
- ◊ **Homebound due to illness or incapacitating disability**
- ◊ **Frail elderly whose location or condition prohibits participation in a congregate center meal program**
- ◊ **No person available to assist with meal preparation**
- ◊ **Preference to those who are low income minority living in rural areas**
- ◊ **Family member may receive services if in best interest of homebound older person.**

Healthy aging is more than going to see the doctor routinely and taking medications as prescribed. It involves socialization, regular exercise, and eating a nutritious diet. Unfortunately, poor nutrition is a major problem for many older adults. ADSS utilizes a multi-faceted approach to combat the problems of poor nutrition among older adults. Recipients of home-delivered meals are typically older persons who live alone, are low income, have multiple chronic health conditions, and are considered to be a high nutritional risk.

ADSS ensures all meals provided through departmental programs are varied, nutritionally balanced, and safe. The meals must comply with U.S. Dietary Guidelines and provide at least 1/3 of the Dietary Reference Intake level of key indicator nutrients. The program supports federal, state, and local efforts to fight chronic health conditions among older persons such as diabetes, osteoporosis, arthritis, and heart disease.

### Program Highlights

- 4,343,671 meals were served to Alabama's senior citizens in Fiscal Year 2008: 2,225,975 congregate meals (those served in senior centers) and 2,117,696 home-delivered meals. An additional 181,505 meals were provided to E&D Waiver clients.
- Alabama's Elderly Nutrition Program is a national model in efficiency, because purchasing all meals from one statewide contract keeps meal costs low.
- The Frozen Meal Program meets the needs of our target population and has grown tremendously since its inception. This program has helped reach the target population statewide in all rural areas. It offers the client freedom of choice to decide which meal to eat each day of the week. Our delivery system allows us to reach any client in the state.
- Alabama's Elderly Nutrition Program is dependent on local community support to cover senior center costs and volunteers for meal delivery, program activities, and staff support. Contributions are encouraged to expand meal services.

## STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

Fiscal Year 2008 marked a significant year for SHIP. With additional grant funding, SHIP was able to build program capacity, increase the counselor workforce, and raise awareness to over 780,000 Medicare beneficiaries about the importance of accessing SHIP services. SHIP has made it a top priority to reach out to rural and hard-to-reach areas of the state and assist beneficiaries who are on a limited income and may qualify for extra benefits.

SHIP partnered with the AmeriCorps VISTA Program to specifically help public agencies and non-profit organizations build capacity of their local programs. The VISTA Program is a network of national and community service programs that support the engagement of VISTA volunteers who reach out to low-income communities and fight to end poverty. The seven local SHIP programs designated to participate in the VISTA project are responsible for some of the most underserved areas of the state. Many of the beneficiaries residing in these areas also have the greatest need for health insurance information, counseling, and assistance services.



Available to all Medicare beneficiaries, SHIP has invested a great deal of time and resources to create a new statewide marketing campaign and variety of resource materials to be made available to the public for the Annual Open Enrollment period when beneficiaries can make changes to their current health insurance benefits.

“Medicare is working hard to reach people where they live, work, play and pray. We want to ensure that the benefits provided by Medicare are available to all eligible beneficiaries, especially those who qualify for and need the extra help. This benefit is not only about providing affordable prescription drug coverage; it’s also about promoting better health. For millions of beneficiaries, prescription drug coverage is a critical component in maintaining a healthy lifestyle.

“This is an important time for beneficiaries to review their current coverage and make a decision that will give them peace of mind for the rest of the year. We encourage everyone to make a decision by early December, to ensure a smoother transition into the Part D benefit.”

- Acting Administrator Kerry Weems,  
Centers for Medicare & Medicaid Services

(excerpt from news release, Nov. 15, 2007)

SHIP has also established many new SHIP Counseling sites and Community Resource Centers, which will increase the sustainability of the program by providing an outlet for beneficiaries to have easy access to counseling and/or educational services across Alabama.

To ensure local programs are providing the highest level of counseling and assistance to Alabama’s 780,000 beneficiaries, SHIP is dependent upon securing available supplemental funds. The new funding will build SHIP capacity by involving more local communities, revitalized and comprehensive training systems, an increased volunteer workforce, and community partnerships in order to put a face on the invaluable services that Alabama SHIP provides.



## UNITED WE RIDE

Governor Riley issued Executive Order 28 to develop a plan for coordinated human service transportation that called for the development and implementation of a framework for action reducing and eliminating restrictive and duplicate laws, regulations, and programs related to human service transportation. Charged with the duty to lead this endeavor entitled United We Ride, ADSS has been very active in pursuing the outlined goals of this order. The following tasks were completed in Fiscal Year 2008:

- Launched a survey of transportation needs across the state by Auburn University at Montgomery.
- Implemented a pilot program in the Lee-Russell Council of Governments (LRCOG) region in order to move forward with our State Plan on Action for coordinated human service transportation.

The State of Alabama's mission is to provide an easily accessible and coordinated transportation system that addresses the needs of older adults, people with disabilities, and individuals with lower incomes, producing the best outcome for each person we serve.

On July 30, 2008 Governor Riley designated that the responsibility for administering Sections 5316 and 5317 would transfer from the Alabama Department of Transportation to ADSS under the leadership of Commissioner Collins, Chairperson of United We Ride Alabama.

- Section 5316, Job Access and Reverse Commute (JARC), is designed to assist disadvantaged citizens to move from welfare to work. It provides transportation to work and work related activities.
- Section 5317, New Freedom Program, is intended to provide new public transportation services and public transportation alternatives that address the transportation needs of persons with disabilities that are beyond those required by the Americans with Disabilities Act of 1990.

The United We Ride Coordination Grant received in 2006 was designed to serve both urban and rural citizens in a two-county region. The pilot project was implemented and completed successfully in the LRCOG region. LRCOG accomplished the following:

- Formed a coordinated transportation advisory council;
- Hired a mobility manager;
- Formed an ad-hoc committee to develop a community transportation service brochure;
- Submitted an expanded JARC application;
- Gathered detailed data on vehicles, employees, services, technology and funding;
- Implemented the JARC program in Lee County;
- Expanded demand-response service to rural Russell County;
- Phased out fixed routes in favor of more demand-response service;
- Created an invitation to bid for new transportation software; and
- Explored purchasing cooperative options.





## OTHER ACTIVITIES

### MASTERS GAMES OF ALABAMA

Masters Games of Alabama was established to give Alabama's aging population an opportunity to participate in physical competitions as well as increase social interaction. The Masters Games have become like a big family reunion. The participants look forward to seeing each other every year, and the spirit of the games can be seen on the seniors' faces. They enjoy the competition, but the friendships they have made are just as important.



Throughout the years the Masters Games have grown in numbers. In Fiscal Year 2008, over 500 individuals participated in the games held in Florence, Ala. More importantly, the Masters Games has grown in friendships and a different attitude to growing older.



### MS. SENIOR ALABAMA

Ms. Senior Alabama, Inc. is a part of the Ms. Senior America program. It is a non-profit organization designed to enrich the lives of senior women allowing them to share their experiences, wisdom, and interests with others. Local pageants are held throughout the state, and winners of these pageants compete at the annual pageant for the title of Ms. Senior Alabama. Each contestant must be age 60 or older, an Alabama resident for at least six months, citizen of the United States for at least one year, and may be an amateur or professional.

Today's senior woman is like none other. She enjoys better health, more financial comfort, and more respect than her predecessors. She remains involved in matters of all walks of life and has redefined the term "rocking granny."

In 2008, the top contestants, as pictured left to right below, were as follows: Kay Pierce, 2nd Runner Up; Edwina Chappell, Ms. Senior Alabama 2008; Jewel Hall, 1st Runner Up; and Barbara Chappell, Ms. Congeniality.



### FINANCIAL REPORT: FISCAL YEAR 2008

ADSS takes pride in the fact that 96% of its budget is used to provide services through grants to its 13 AAAs that, in turn, contract with more than 2,000 local service providers. Not only do these grants provide needed services to Alabama's seniors, but they also add to local economies by contracting with service providers in every county. By focusing on keeping people healthy and independent, Alabama's aging programs benefit the state as well as its citizens.

The ADSS budget for Fiscal Year 2008 (FY 2008) totaled \$92.16 million. Approximately 22% of the budget was from the state General Fund with the remaining funds coming primarily from federal matching funds. These federal funds are derived from the U. S. Department of Health and Human Services (AoA and CMS) and the U. S. Department of Labor.

In FY 2008, ADSS served approximately 4.3 million meals at a cost of \$11.6 million. The E&D Waiver program represents 64% of the ADSS budget. The Cash and Counseling Grant continued to be piloted during FY 2008, serving 14 clients.

The Alabama SenioRx program provides the highest rate of return for its annual budget of \$2.0 million. From its July 2002 inception through the end of FY 2008, the Alabama SenioRx program has served 34,485 older Alabamians and generated over \$163 million in prescription drug cost savings. In FY 2008, the Alabama SenioRx program saved \$17.9 million by submitting 42,610 prescriptions to drug companies on behalf of 5,389 senior citizens. Other aging programs comprised approximately 17% of the budget. These included such services as senior employment, ombudsman, legal services, family caregivers, elder abuse, Alzheimer's, and other OAA Services.

Historically, the primary funding growth for ADSS occurred in the E&D Waiver program. For instance, E&D Waiver slots have increased by 780 slots from 4,000 to 4,780 over the last 6 years.

### ADSS FUNDING SOURCES

	\$ in millions	% of budget
State	\$19.74	21%
Federal	\$72.42	79%

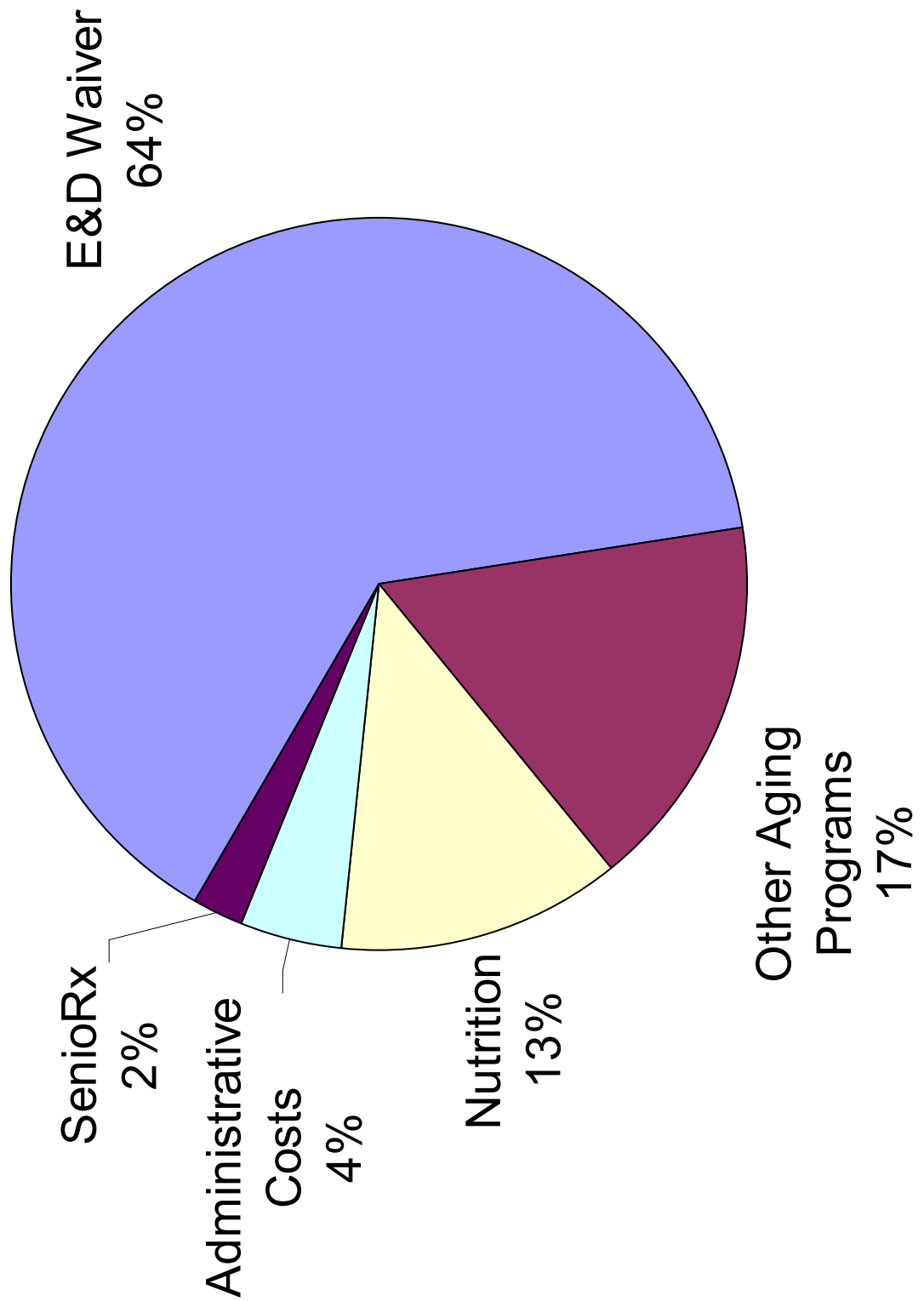
Additionally, new programs such as Alabama Cares, Alabama Wellness Program, and Senior Employment were implemented during that time. ADSS was also awarded the Alzheimer's disease Demonstration Grant, Cash and Counseling Grant, and Nursing Home Transition Grant.

Alabama's seniors provide approximately \$2.4 million in voluntary contributions toward meals and other services. This money is reinvested back into the local programs from which the donations are received. ADSS also earns additional federal subsidies from serving meals that meet 1/3 the Dietary Reference Intakes. Currently this revenue is approximately \$2.8 million and is used to purchase meals.

ADSS also benefits from the investment of Tobacco Settlement funds in the Alabama Senior Services Trust Fund. The interest earned from the trust fund is used to match additional federal dollars. As the senior population expands at an increasing rate, we will continue to seek additional funding to meet the needs of our elderly citizens.

ADSS is committed to being a good steward of taxpayer dollars and to ensure accountability in the use of its resources. ADSS is a proud participant of the Legislature's performance-based budgeting initiative through the Alabama Commission on Government Accountability, as well as Governor Bob Riley's SMART (Specific, Measurable, Accountable, Responsive and Transparent) budgeting plan designed to improve Alabama's government by requiring organizational planning, linking plans to budget requests and appropriations, and creating meaningful performance measurements.

## FY 2008 BUDGET ANALYSIS





## ADSS CONTACT INFORMATION AND DIRECTORY OF AAA OFFICES

### ALABAMA DEPARTMENT OF SENIOR SERVICES

Mrs. Irene B. Collins, Commissioner

RSA Plaza, Suite 470

770 Washington Avenue

Montgomery, Alabama 36130

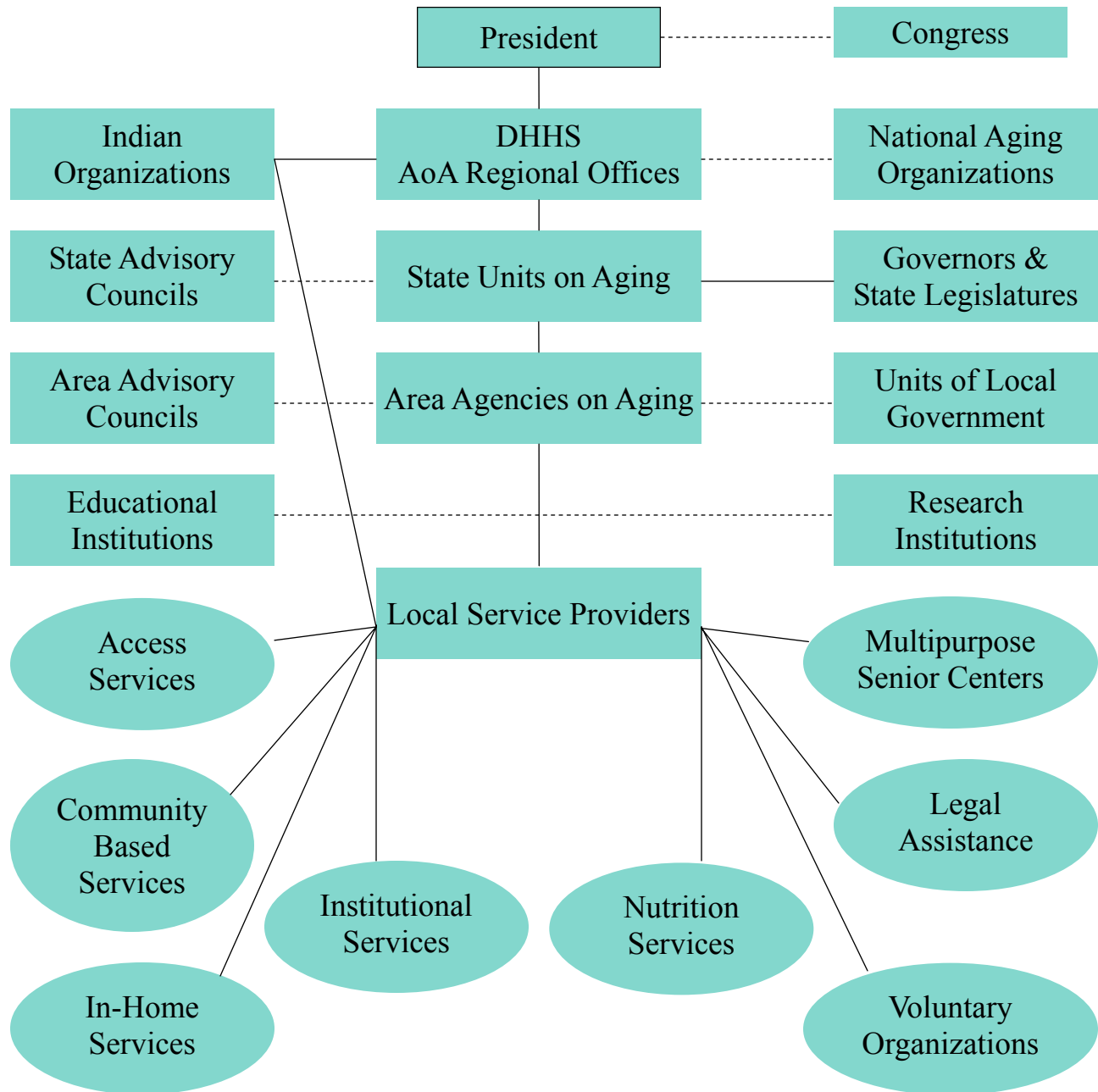
(334) 242-5743 / (877) 425-2243 / FAX (334) 242-5594

Email: [ageline@adss.alabama.gov](mailto:ageline@adss.alabama.gov) Website: <http://www.alabamaageline.gov/>

### EXECUTIVE DIRECTORS, AREA AGENCY ON AGING (AAA) DIRECTORS

1. Mr. James Coman, AAA Director  
NW AL Council of Local Governments  
P.O. Box 2603, 103 Student Drive  
Muscle Shoals, AL 35662  
256-389-0500 / 800-838-5845 / FAX 256-389-0599  
Counties: Colbert, Franklin, Lauderdale, Marion, Winston
2. Ms. Pam McDaniel, AAA Director  
West Alabama Regional Commission  
P.O. Box 509, 4200 Highway 69 North, Suite 1  
Northport, AL 35476-0509  
205-333-2990 / 800-432-5030 / FAX 205-333-2713  
Counties: Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa
3. Ms. Carolyn Fortner, Executive Director  
Middle Alabama Area Agency on Aging  
15863 Highway 25  
Calera, AL 35040  
205-670-5770 / 866-570-2998 / FAX 205-670-5750  
Counties: Blount, Chilton, Shelby, St. Clair, Walker
- 3A. Mr. William Voigt, Executive Director  
Office of Senior Citizens Services  
2601 Highland Avenue  
Birmingham, AL 35205  
205-325-1416 / NO 800 / FAX 205-325-5617  
Counties: Jefferson
4. Mr. Randy Frost, AAA Director  
East AL Reg. Planning and Development Commission  
P.O. Box 2186, 1130 Quintard Avenue, Suite 300  
Anniston, AL 36202  
256-237-6741 / 800-239-6741 / FAX 256-237-6763  
Counties: Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Etowah, Randolph, Talladega, Tallapoosa
5. Ms. Sylvia Allen-Bowers, AAA Director  
South Central AL Development Commission  
5900 Carmichael Place  
Montgomery, AL 36117  
334-244-6903 / NO 800 / FAX 334-270-0038  
Counties: Bullock, Butler, Crenshaw, Lowndes, Macon, Pike
6. Ms. Delia Brand, AAA Director  
Alabama Tombigbee Regional Commission  
107 Broad Street  
Camden, AL 36726  
334-682-4234 / 888-617-0500 / FAX 334-682-9851  
Counties: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, Wilcox
7. Mr. Robert Crowder, Executive Director  
Southern AL Regional Council on Aging  
1075 South Brannon Stand Road  
Dothan, AL 36305  
334-793-6843 / 800-239-3507 / FAX 334-671-3651  
Counties: Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston
8. Ms. Julie McGee, AAA Director  
South Alabama Regional Planning Commission  
P.O. Box 1665, 110 Beauregard Street  
Mobile, AL 36602  
251-433-6541 / NO 800 / FAX 251-433-6009  
Counties: Baldwin, Escambia, Mobile
9. Ms. Gayle Boswell, Executive Director  
Central Alabama Aging Consortium  
818 South Perry Street, Suite 1  
Montgomery, AL 36104  
334-240-4666 / 800-264-4680 / FAX 334-240-4681  
Counties: Autauga, Elmore, Montgomery
10. Ms. Jackie Smith-Pinkard, AAA Director  
Lee-Russell Council of Governments  
2207 Gateway Drive  
Opelika, AL 36801-6834  
334-749-5264 / 800-239-4444 / FAX 334-749-6582  
Counties: Lee, Russell
11. Mr. Rodney Gann, AAA Director  
North Central AL Regional Council of Governments  
216 Jackson Street S.E.  
Decatur, AL 35601  
256-355-4515 / NO 800 / FAX 256-351-1380  
Counties: Cullman, Lawrence, Morgan
12. Ms. Nancy Robertson, AAA Director  
Top of Alabama Regional Council of Governments  
5075 Research Drive N.W.  
Huntsville, AL 35805  
256-830-0818 / NO 800 / FAX 256-830-0843  
Counties: DeKalb, Jackson, Limestone, Madison, Marshall

## National Aging Services Network



**For more information about aging services in Alabama,**

**call 1-800-AGELINE (243-5463)**

**or**

**visit [www.alabamaageline.gov](http://www.alabamaageline.gov)**



**Alabama Department of Senior Services  
770 Washington Avenue  
RSA Plaza, Suite 470  
Montgomery, Alabama 36104  
334-242-5743**